

promotes cheerfulness and good order, and hygienic advantages; and the little sums gained act as a stimulus, and procure luxuries of which they would otherwise be deprived. While with idleness the strength fails, *ennui* supervenes; and for those who have hitherto led a laborious or active life, the coveted inactivity is only a means of decay and death.

SURGICAL CASES.

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[Communicated for the Boston Medical and Surgical Journal.]

HAPPENING recently to have quite a number of cases in minor surgery on my hands, at the same time, they exacted more attention in the aggregate than they usually get when isolated, and four or five of them seemed each to possess some special feature of interest.

1. *Foreign Body in the Rectum.*—Child, *æt.* 6. While at stool, suddenly felt sharp pain near the outlet of the rectum, and was unable to control further and constant efforts at defæcation; unable to rise from the vessel, or bring its thighs together. After about half an hour, the mother passed a finger into the passage, and felt what she supposed to be a piece of glass. In about another half hour I found the child as described; had it placed, thighs still wide apart, in a favorable position, and removed, with dressing forceps, a spindle-shaped, jagged, hard-wood chip, one inch and a quarter long and one third of an inch wide, lying transversely within the inner sphincter, each end buried in the mucous tissue. The chip had probably been swallowed with bread.

2. *Gun-shot Wound through the Bottom of the Lung; absence of Symptoms.*—A young woman, *æt.* 22, was intentionally shot by a person standing about four feet behind her. Startled by the shock, but anxious to divert public attention, she walked an eighth of a mile to her lodgings, with an increasing sense of suffocation at every step. I arrived in half an hour after she was shot. Patient in bed, lying upon her back. There were dyspnœa and a dread of suffocation, when her shoulders were raised. Pain was referred to a spot between the ninth and tenth ribs, near the junction with the common cartilage. On examination, I found slight swelling and abrasion at this point. Turning her upon her right side, I found the orifice of entrance (which she felt and knew nothing of) about two inches below the point of the scapula, and so small as to admit even a probe with difficulty. Re-examining in front more carefully, I felt quite sure of the location of the ball, cut down upon and removed it. No cough or emphysema; slight dyspnœa at first. Recovery took place in two weeks.

3. *Longitudinal Cut and severing of the Radial Artery.*—Boy, *æt.* 14. Patient made a deep cut in the left wrist with a very sharp,

VOL. LXXVII.—No. 17*

large-bladed "cloth-knife." Blood spurted in jets till faintness occurred. Bleeding was temporarily arrested by a pad bound tightly over the flexure of the elbow. He was brought to me half an hour afterwards. Wound an inch and a half long, half an inch wide at the middle, and filled by a large clot rising half an inch above the surface, and nearly solid. Removed the tourniquet, and found no recurrence of bleeding. I reduced the clot two thirds of its size by pressure with loose-textured rags, and used it as a plug instead of tying and direct union. The granulations were rapidly absorbed, and the line of connection was as fine as in direct union.

4. *Fractured Clavicle.*—Boy, *æt.* 8. Direct violence half an inch anterior to the middle of the clavicle. A roll of two-inch bandage, one and a half inch in diameter, in axilla, stitched to a slip of wide roller passing around the opposite side of the neck. A sling, tightened so as to keep the hand two inches above the elbow, was the only application practicable, and sufficed. Callus nearly absorbed by the twenty-fourth day. No restraint upon free and rapid motion. No deformity at that time.

5. *Replacement and Union of a detached Part.*—A. B., *æt.* 45, carpenter, got the outside of his left thumb against a steam-power circular saw. The thumb was cut through at the junction of the first and second phalanges; the latter thrown back and held by a shred of skin, like a hinge, and the metacarpo-phalangeal joint of the forefinger cut across—without displacement, however. The detached end of the thumb was replaced and held in position till I saw him, fifteen minutes afterwards. Against his desire, I thought best to incur the risks of attempting union, but told him of them. Three sutures steadied and held the parts, which were carefully dried (not washed) and covered with lint. Thin splints, as in fracture, and a bandage were applied. Union perfect, and the only inconvenience is a stiff joint.

Boston, November 16, 1867.

PISTOL-SHOT WOUND OF THE FOREHEAD.

To the Editors of the Boston Medical and Surgical Journal.

THE following surgical case may be interesting to your readers, as it is illustrative of the extraordinary tenacity of human life.

A young officer, Herman W. Libjencrantz, 1st Lieut. Co. D, 103d Regiment U. S. Infantry, was, on the 24th day of December, 1865, severely wounded while on duty in Georgia. The wound was caused by a pistol-shot, the ball entering the forehead just above the nose, half an inch nearer the right eye than the left, and nearly between the eyes. There was little hæmorrhage from the wound, but from the eyes, nose and ears the blood flowed profusely. A common silver probe was passed directly into the brain its whole length with-